

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005021

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 169

FILED JAN 10 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Saint Louis</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>	a. STATE <u>Mo</u>	b. COUNTY <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		c. CITY OR TOWN <u>Kinloch</u>	d. STREET ADDRESS <u>5663 Mc Henry</u>
3. NAME OF DECEASED		4. DATE OF DEATH	
First <u>Isiah</u> Middle <u>Thomas</u> Last <u>Thomas</u>		Month <u>JAN.</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>26 Nov 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	
11. BIRTHPLACE (City and state or country) <u>Fayette Co., Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allen Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Monroe</u>	
14. NAME OF HUSBAND OR WIFE <u>Leora Thomas</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>Leora Thomas, Kinloch, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>Pulmonary congestion</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <u>Lymphosarcoma generalized</u>		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from <u>JAN. 3, 1962</u> to <u>JAN. 9, 1962</u> and last saw him alive on <u>JAN. 9, 1962</u>	
22a. SIGNATURE <u>Robert L. Howe MD.</u>		22b. ADDRESS <u>601 S. BRENTWOOD, CLAYTON, MO.</u>	
22c. DATE SIGNED <u>1/9/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11 Jan 61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
23d. LOCATION (City, town, or county) <u>Berkeley, Mo.</u>		24. FUNERAL DIRECTOR <u>Boyd Bros Funeral Home, Kinloch, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>1-13-62</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address 1205 Walton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.